

| | | | | | | | | | |
|--|---------|--|---|---|---|---|---|---|---------------------|
| DCF (Rev 8/07) | | STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES ANNEX B: CONTRACT EXPENSE SUMMARY PAGE ____ TO ____ | | | | | | Purpose: () Budget Preparation () Expenditure Report () Interim () Fiscal-Yr-End () Final Period Covered: _____ to _____ | |
| Agency Name: _____ Contract #: _____ | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Budget Categories | Total | | | | | | | Unallowable Costs | Gen. & Adm Costs |
| A. Personnel (including fringe benefits) | | | | | | | | | |
| B. Consultants & Professional Fees | | | | | | | | | |
| C. Materials & Supplies | | | | | | | | | |
| D. Facility Costs | | | | | | | | | |
| E. Specific Assistance to Clients | | | | | | | | | |
| F. Other | | | | | | | | | |
| G. Gen. & Adm. Cost Allocation | >>>>>>> | | | | | | | | |
| H. Total Operating costs | | | | | | | | | |
| I. Equipment (Schedule 6) | | | | | | | | | |
| J. Total Cost | | | | | | | | | |
| K. Less Revenue (Schedule 2) | | | | | | | | | |
| L. Net Cost | | | | | | | | | |
| M. Profit | | | | | | | | | |
| N. Reimbursable Ceiling | | | | | | | | | |
| O. Units of Service | | | | | | | | | |
| P. Unit Cost | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |